

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE					
						APPLICANT(S)						
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	/					51						
2		1				52						
3		1				53						
4		1				54						
5		1				55						
6		1				56						
7		1				57						
8		1				58						
9		1				59						
10		1				60						
11		1				61						
12		1				62						
13		1				63						
14		1				64						
15		1				65						
16		1				66						
17		1				67						
18		1				68						
19		1				69						
20		1				70						
21		1				71						
22						72						
23						73						
24		23				74						
25		23				75						
26		1				76						
27						77						
28						78						
29						79						
30						80						
31						81						
32						82						
33						83						
34						84						
35						85						
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37						87						
38						88						
39						89						
40						90						
41						91						
42						92						
43						93						
44						94						
45						95						
46						96						
47						97						
48						98						
49						99						
50						100						
TOTAL IND.	/					TOTAL IND.						
TOTAL DEP.	70	↔	↔	↔		TOTAL DEP.	↔	↔	↔			
TOTAL CLAIMS	71					TOTAL CLAIMS						